

2209

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>179</u>	
1. PLACE OF DEATH COUNTY <u>Pima.</u> STATE <u>ARIZONA</u> REGISTERED NO. <u>179</u>			
TOWNSHIP _____ OR VILLAGE _____			
CITY <u>Tucson.</u> NO. <u>648 South 2<sup>nd</sup> Ave.</u> ST. _____ WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)			
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>22</u> YRS. _____ MOS. _____ DS. _____		HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS. _____	
2. FULL NAME <u>Richard V Sprague.</u>		HOW LONG IN STATE WHEN DEATH OCCURRED <u>22</u> YRS. _____ MOS. _____ DS. _____	
(A) RESIDENCE: NO. <u>648 South 2<sup>nd</sup> Ave.</u> ST. _____ WARD _____		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
(USUAL PLACE OF ABODE)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. WRITE THE WORD <u>Married.</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Larietta Sprague.</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/28/1876</u>			
7. AGE	YEARS <u>60</u>	MONTHS <u>1</u>	DAYS <u>1</u>
	IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Lawyer</u>		
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		
	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Green, Maine</u>			
FATHER	13. NAME <u>Virgil H. Sprague</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Maine</u>		
MOTHER	15. MAIDEN NAME <u>Nellie R. Barrell</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Maine</u>		
17. INFORMANT <u>Lillian Sprague</u> (ADDRESS) <u>Tucson, Arizona.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>Masonic</u> DATE <u>3/2/36</u> 19 <u>36</u>			
19. EMBALMER { LICENSE NO. <u>49</u> SIGNATURE <u>G.E. Jones</u> FUNERAL DIRECTOR <u>Parker Mortuary</u> ADDRESS <u>Tucson, Arizona.</u>			
20. FILED <u>3-2-36</u> 19 <u>36</u> REGISTRAR <u>[Signature]</u> (ADDRESS) <u>[Signature]</u>			
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2/29/36</u> 19 <u>36</u>			
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>2-18</u> 19 <u>36</u> TO <u>2/29</u> 19 <u>36</u> I LAST SAW HIM ALIVE ON <u>2/29</u> 19 <u>36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>6:25 P.</u> M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>[Signature]</u> <u>[Signature]</u> OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>[Signature]</u> NAME OF OPERATION <u>None</u> DATE OF WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____ 23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>Maine</u> MANNER OF INJURY _____ NATURE OF INJURY _____ 24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____ IF SO, SPECIFY (SIGNED) <u>[Signature]</u> M. D. (ADDRESS) <u>[Signature]</u>			